

Name of Center: _____

Age Group

- 0-5 months
 6-11 months

CACFP INFANT FEEDING PREFERENCE FORM

Name of Infant: _____

Date of Birth: _____

This center participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires centers to follow specific meal patterns according to the age of the infant.

Centers participating in the CACFP are required to offer infant formula and other foods to infants who are enrolled for child care. Parents/guardians may decline the infant formula and/or food offered by the center, and supply the infant's formula and/or food.

Breast Milk and/or Formula Preference

This center will feed your infant breast milk and/or iron fortified infant formula. The infant formula provided by this center is _____.

****Please mark your preference (choose all that apply)**

<input type="checkbox"/>	I will bring expressed breast milk for my infant.
<input type="checkbox"/>	I want the child care provider to provide the infant formula it offers for my infant.
<input type="checkbox"/>	I will bring the infant formula for my infant. Please list the kind of infant formula you will bring: _____

Preference Regarding Infant Cereal and Other Foods (6-11 months only)

****Please mark your preference**

<input type="checkbox"/>	My child is developmentally ready for solid foods. I want the child care provider to provide the infant cereal and other foods for my infant.
<input type="checkbox"/>	My child is developmentally ready for solid foods. I will bring the infant cereal and/or other foods for my infant.
<input type="checkbox"/>	My child is NOT developmentally ready for solid foods. I will inform the provider when and designate the solid food(s) to be introduced to my infant at that time.

Parent Signature: _____

Date: _____

1. This form must be kept on file for each infant enrolled for child care.
2. This form must be kept current and accurate for each infant enrolled for child care until the infant reaches one year of age.
3. If the parent (or guardian) provides expressed breast milk and the child care provider feeds it to the child, the meal may be claimed for reimbursement.
4. If the parent (or guardian) declines the formula and the child care provider provides meal and/or snack components, the meal may be claimed for reimbursement.
5. If the parent (or guardian) declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement.
6. Providers may receive reimbursement for meals when a breastfeeding mother comes to the site and directly breastfeeds her infant.